

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|--|-----------------------------------|-------------------------------------|---|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>4/26/04</u> | | 2 Serial/Patent # <u>10/698,567</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| X | Petition | | 3/4/04 | \$ 130 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 130 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | X | Credit Deposit A/C #: | | | | | | | | |
| | | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">7</td></tr></table> | | 5 | 0 | -- | 1 | 2 | 8 | 7 |
| 5 | 0 | -- | 1 | 2 | 8 | 7 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| X | No Fee Due (Explanation): | | | | | | | | | | |
| <div style="font-family: cursive; font-size: 1.2em;">Postcard receipt proves allegedly omitted figs present on day 2. Refund pet fee</div> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>EShrene Willis</u> | | TITLE: <u>Pet Atty</u> | | | | | | | | | |
| SIGNATURE: <u>EShrene Willis</u> | | PHONE: <u>308-6712</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Alison Hill</u> | | DATE: <u>4-21-04</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B